

**Exploring Fifty Years of
Scholarship Across the Curriculum (SAC)
and Table Clinics at the
Dalhousie Faculty of Dentistry**

by

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1 Abstract

For some, doing research can be ominous and uncertain. From time to time one may hear in the halls of the dental building, in tones of frustration, “Why do we need to do research to become a good clinician!?” I had the opportunity to attend the “Table Clinics” (TC) event on the day I interviewed for dental school at Dalhousie. At that time I began to wonder if research in one area or another influenced the direction, or at least confidence level, of clinicians towards the specific area of research that they studied for their TC project. For example, if someone did research on implants, did they have more confidence regarding the use of implants in their practice further down the road?

The intent of this research was to find out whether the “learning about how to do research” through TC projects and learning about Evidence-Based Dentistry (EBD) has influenced the practice of future clinicians. This was done by sending a focused survey to all Dalhousie Faculty of Dentistry (FOD) Alumni, both Doctor of Dental Surgery (DDS) and Dental Hygiene (DH), to explore their experiences relating their understanding of EBD and their TC topic to later practice.

The results of the survey indicated that for both DDS and DH the learning and/or skills they gained by doing a TC project was beneficial. The in-depth knowledge gained about their TC topic benefited them both as a student and as a clinician. Learning about the research process specifically did not provide as much benefit to them as a clinician, though still providing benefit. Participants overwhelmingly responded that understanding the principles of EBD has provided a benefit in responding to clinical questions (90%), and agreed that the learning of scholarship skills, such as searching and analyzing papers, should be included as part of a dental education.

2 Introduction

The question regarding the level of emphasis to be put on research for a dental education does not come with a easy answer [1, 2, 3]. Certainly the world benefits with the performance of dental research. These benefits can come to both the clinician and patient and take many forms. A short list of which include the discovery or validation of new and improved materials or processes [4], aids for improvements in patient hygiene [5], understanding the variations in facial anatomy and dental form for improved oral health outcomes [6, 7, 8] and finding possible practices that could lead to less than ideal or even detrimental health outcomes [9].

In 2020, the Faculty of Dentistry at Dalhousie University celebrated fifty years of “Scholarship Across the Curriculum” whereby students undertake an independent project that is presented in a public continuing education forum. In early years, student “Table Clinic” projects showcased clinical cases and the latest knowledge related to clinical conundrums of the day. Over the decades, projects have advanced to ever more complex topics including advances in care, diagnostics, primary research, program development and evaluation, health promotion, health policy and economics – to name a few [10].

The question has been posed as to whether the specific research skills gained from a dental education requiring participation in research adds benefit to a dentist or dental hygienist’s ability to practice, or if a more ‘pure educational model’ would be more appropriate [1]. The

purpose of this paper is to explore specifically what the alumni of the Dalhousie Faculty of Dentistry (FOD), both DH and DDS, have felt was beneficial to them as clinicians regarding research at school and their involvement in the Scholarship Across the Curriculum (SAC) and the Table Clinics (TC) process.

3 Methods

A 19 question survey was developed consisting of demographic, Likert and open-ended questions to explore the FOD Alumni experiences with their Table Clinic research and to investigate what bearing it had on their future practice (See Appendix A)

The survey was posted on the FOD alumni page, included in the regular FOD e-newsletter sent out in November of 2020. It is estimated that the survey was distributed to 2000 alumnae, 855 alumni opened the newsletter and 93 participants completed the survey.

Quantitative data was analyzed using descriptive statistics through Excel. Open ended questions were evaluated using a qualitative thematic analysis approach. It was determined that research ethics approval was not required given the program evaluation focus of this work. This was determined using the University of Alberta ARECCI tool [<https://arecci.albertainnovates.ca>] with a score of 1 (The project involves Minimal Risk) and the Dalhousie University guidelines for research ethics [<https://www.dal.ca/dept/research-services/responsible-conduct-/research-ethics-.html>] which included filling out the Research Ethics Board (REB) Application Form to confirm low ethical risk.

4 Results and Discussion

4.1 Demographics

Demographically we had a fairly good distribution of participants. Figure 1a shows that number of participants were fairly evenly distributed across the years with the majority (41%) graduating prior to 1996. As seen in Figure 1b the categorization of career path for participants was heavily weighted towards general dentist (GD). Specialists were included with the GD to form a Doctor of Dental Surgery (DDS) group which comprised about 75% of the participants and the Dental Hygienists (DH) comprised the other 25%. Comments made by the two individuals in the “Other” category and the “In Academia” category showed some indication that they graduated originally as DDS and so their responses are included in the DDS category.

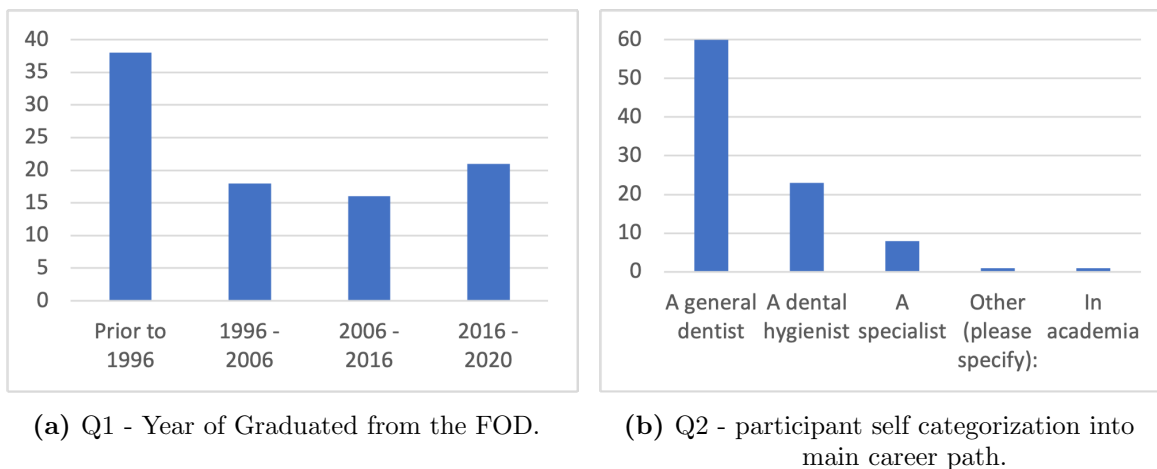


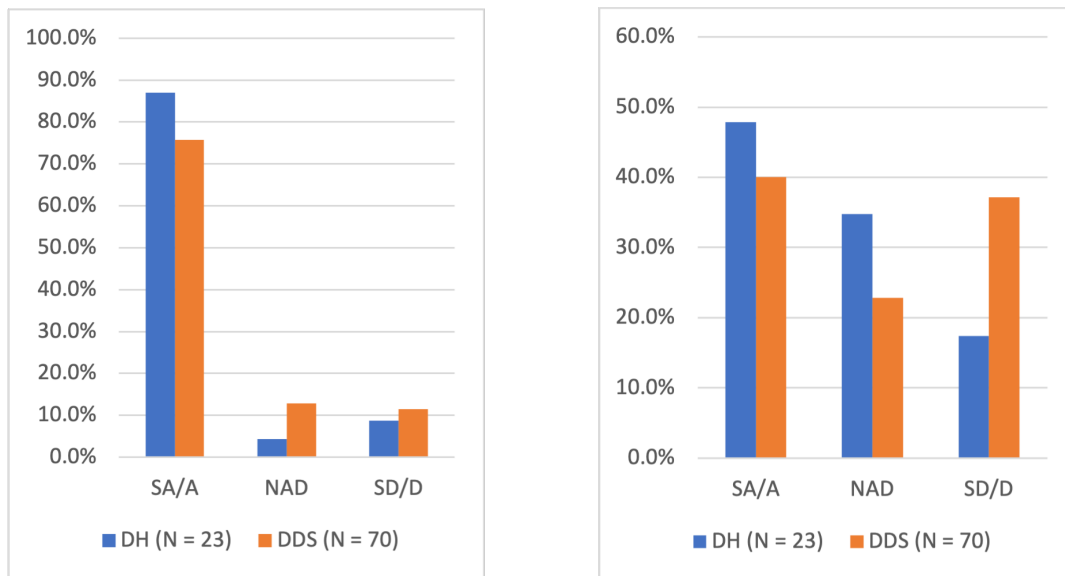
Figure 1: Demographic information of the survey participants

4.2 Table Clinic topic interest and choice

The bar graphs in Figure 2 present an interesting tale. Figure 2a indicates that at the time the decision was made, roughly 80% of participants chose a topic that was of interest to them. Yet, when all was said and done now, perhaps with a little more experience a combined total of about one third (1/3) either disagreed or strongly disagreed (D/SD) that they would have chosen the same topic. This effect is more pronounced for the DDS group than for the DH group. Overall only about $\sim 40\%$ said they would choose the same topic again.

Perhaps one challenge is that the survey did not ask that, if there was a different preferred topic, would there have been an avenue for the pursuit of that topic? In most cases we might expect that the answer to be yes (for the most part, depending on the topic of choice, a mentor at the school could be chosen suitable for most topics). However, if for example, a participant were to reflect and say “What I really wish is that I had studied whether platform switching or conical connections had a better effect on eliminating bone loss.” Such a topic could not have been feasible if a person had graduated prior to the active and regular use of implants, or the invention of platform switched or conical connection implants. In such a case further

questioning of the 1/3 who would have chosen a different topic may be beneficial in order to get more context behind their response.



(a) Q3 - My Table Clinics project was a topic that was of interest to me.

(b) Q4 - If I had to do it over again I would still choose the same topic.

Figure 2: Topic of interest then and now.
SA/A = Strongly Agree/Agree, NAD = Neither Agree nor Disagree,
SD/D = Strongly Disagree/Disagree.

Overall however, as we can see from Figure 3, the majority of participants ($\sim 75\%$) felt that the overall learning from their Table Clinic project was beneficial to them.

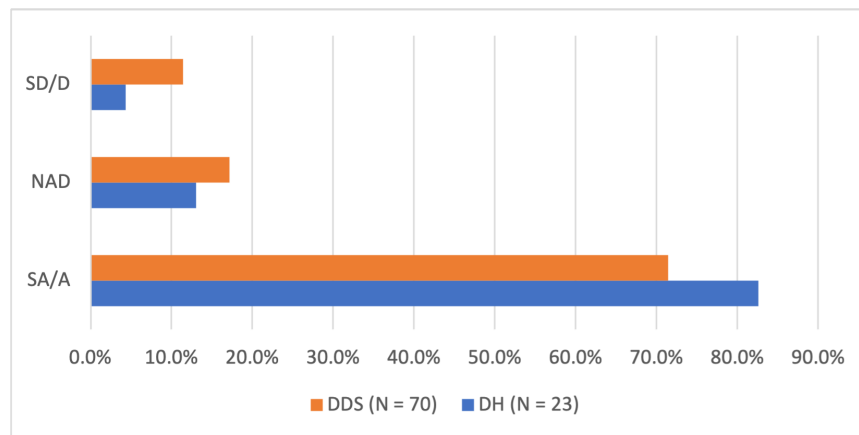


Figure 3: Q5 - The learning and/or skills I gained from doing my Table Clinics project was beneficial. (See Figure 2 for key.)

4.3 Knowledge gained about table clinic topic

In Figures 4 we see that the participants felt that the specific and in-depth knowledge gained from studying about the TC topic was beneficial regardless of the topic. The majority of participants found it was beneficial both as a student and as a clinician, though they found it less applicable in other areas of life.

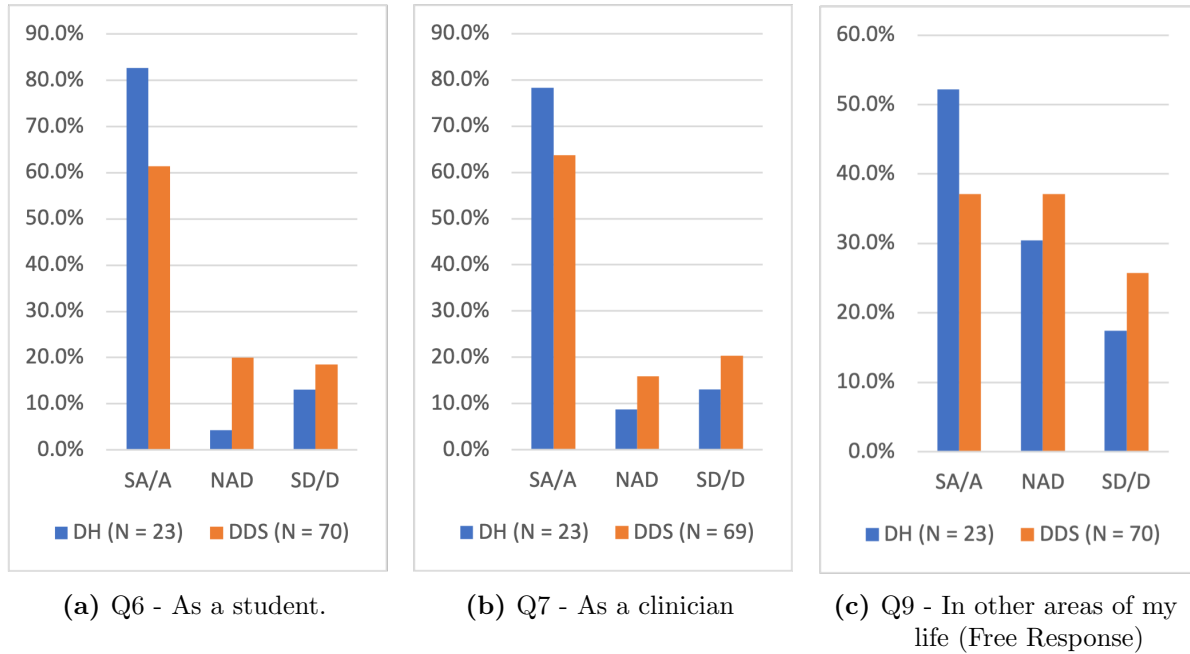


Figure 4: The in-depth knowledge gained about my Table Clinics topic has benefited me: (“Q8 - In academia” was removed as an outlier) (See Figure 2 for key.)

4.4 Knowledge gained about the research process

Figure 5 shows that the majority of participants also found that learning about the research process was beneficial to them both as a student and clinician (as with the previous line of questioning, it was less beneficial in other areas of their life). Here we do recognize a limitation in the study as the survey did not differentiate what aspect of learning about the research process that the participants found beneficial. Did the participants do primary research where they may have measured the fracture toughness of endodontically treated teeth for example, or did they do a systematic review where they spent their time steeped in papers learning about primary research that others had done. Depending on which form of research was performed, which did the participants find more beneficial? This question provides an opportunity for future study.

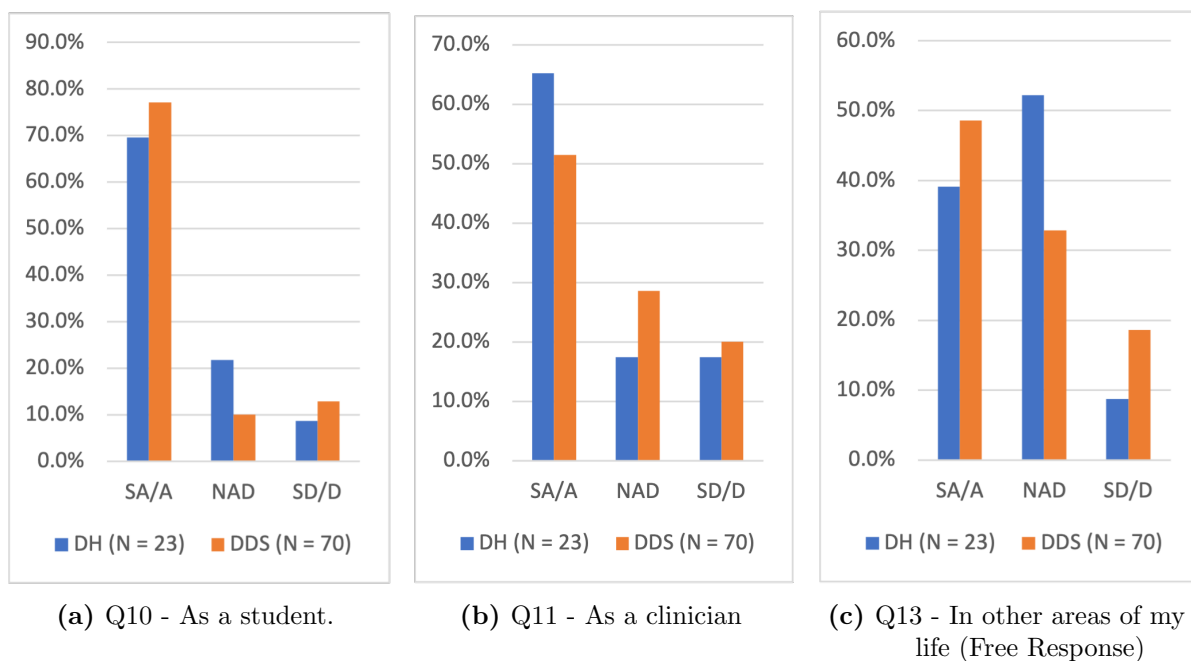


Figure 5: Learning about the research process (i.e. how to conduct research) required for my Table Clinics project has benefited me:
 (“Q12 - In academia” was removed as an outlier.) (See Figure 2 for key.)

4.5 Evidence-based dentistry and research skills

The primary purpose of the questions described in Figures 6 and 7 was to get a background understanding of who had taken courses in evidence-based dentistry (EBD) either in school or from a continuing education (CE) course. Eight participants, roughly 10%, said that they had never taken courses on EBD either in school or from a CE course. Six of those participants graduated prior to 1996. This is likely due to the lack of EBD curriculum being offered at Dalhousie prior to 2000.

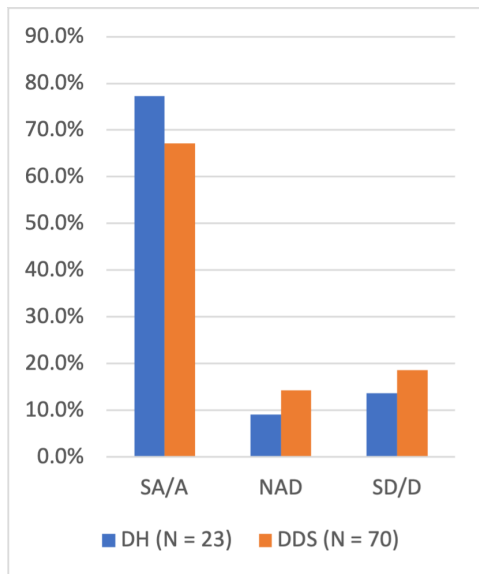


Figure 6: Q14 - I have taken formal classes on evidence-based dentistry while in dental school. (See Figure 2 for key.)

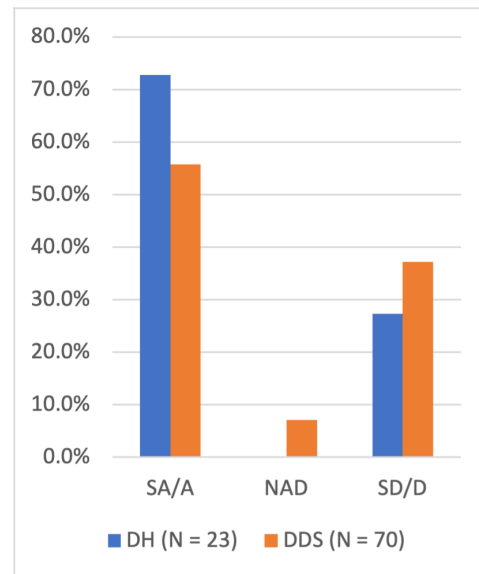


Figure 7: Q15 - I have taken formal classes on evidence-based dentistry as part of continuing education. (See Figure 2 for key.)

Finally in Figures 8 and 9 we can see, by an overwhelming majority, that the principles of EBD are very beneficial skills to know and understand, and that a majority of participants also agreed that scholarship skills such as learning the research process and searching and analyzing papers should be included as part of a dental education.

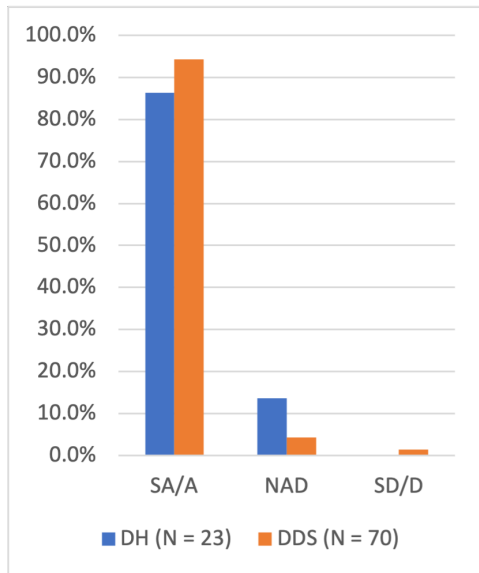


Figure 8: Q16 - Understanding evidence-based dentistry principles benefit me in responding to clinical questions. (See Figure 2 for key.)

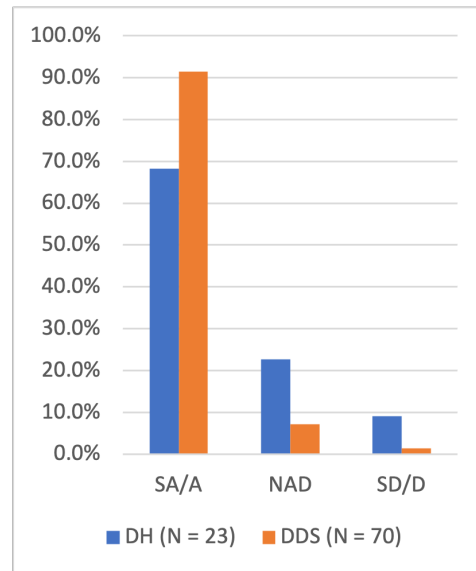


Figure 9: Q17 - Scholarship skills (i.e. learning the research process, searching, analyzing papers, etc.) should be included as part of dental education. (See Figure 2 for key.)

4.6 Themes arising from open-ended input

A major conclusion from the open-ended input has already been discussed which is that a majority of the participants indicated that understanding principles of EBD has been beneficial to them as individuals (be it as a student, clinician or in other parts of their lives) and the recommendation by many participants is that this learning and skills remain part of the dental education.

There were also many very well thought out comments made to the free response questions. The following provides a summary of themes derived from those comments. For a more comprehensive listing of participants comments please see Appendices B through E.

1. Table Clinics/SAC allowed for the opportunity to gain confidence in presenting and speaking both professionally and to patients.
 - “It simply was one of many experieces at Dal that allowed me to speak with confidence and authority. It also helped shape my attitude that I am also being reasonable if I say to someone, ‘I don’t know.’ ”
2. The specific in-depth knowledge gained about my TC/SAC project was beneficial.
 - “My table clinic had to do with anxiety and dentistry. As a result of this interest, I feel I am very connected to the anxious patient, and am able to address this in an understanding manner.”

- “[It was the crucial beginning that spear-headed the specific direction of a career of many years]”
3. TC/SAC was a good and useful tool to provide a foundation to understanding EBD.
 - “I’m able to find good quality articles that provide answers to questions within my practice with clinical evidence.”
 - “Knowing how to do proper research is certainly beneficial in private practice. Table Clinics allowed me to use the tools I had learned from evidence-based dentistry.”
 4. Use care in helping students choose topics
 - “I feel that I did not have enough experience or knowledge to pick a topic appropriately for table clinics...[now]as a clinician, there are many topics that I would like to research and explore. As a student I didn’t even know what they were...”
 5. Did not have a positive experience with TC/SAC
 - “It was another hoop I jumped through to graduate”
 - “Too much stress added into an already stressful environment...”
 6. The TC presenting night was a great event
 - “The event itself is a wonderful night to bond with colleagues and network with alumni.”
 - “Exciting night. Lots of Fun.”
 7. Keep the presentations available to those from far away.
 - “Making them available virtually for those who live outside of HRM with a CE component.”

5 Conclusions and Recommendations

The results of the survey indicated that, for both DDS and DH, the learning and/or skills they gained by doing a TC project was beneficial. The in-depth knowledge gained about their TC topic benefited them both as a student and as a clinician. Learning about the research process specifically did not provide as much benefit to them as a clinician, though still providing benefit. Participants overwhelmingly responded that understanding the principles of EBD has provided a benefit in responding to clinical questions (90%), and agreed that the learning of scholarship skills, such as searching and analyzing papers, should be included as part of a dental education.

Dalhousie Faculty of Dentistry recently celebrated a half-century of student scholarship which also marks an important juncture of phasing in a revised and comprehensive Research in Oral Health (RIOH) curriculum. I am a member of the first graduating class to experience the RIOH program that combines principles of scholarship, research and EBD within a single course that spans all four years of the DDS curriculum. Although my project exploring experiences of former students is limited by a small number of participants, there is clearly a recognized value and enthusiasm for student scholarship and EBD curricula. As we enter an era of information overload that is coupled with a disconcerting mistrust of science, this project confirms the importance of ensuring that DDS and DH students continue to experience a robust and comprehensive scholarship curricula that enables us to be well informed and discerning health professionals throughout their careers.

6 Acknowledgements

I would like to acknowledge the time and effort put forth by my advisor Dr. Mary McNally to help guide me in good directions. I would also like to acknowledge my wife Emily and children Tarik, Caleb, Daisy and Afton for their patience with me as I have taken extra time away from them to complete my studies, and for all of their support.

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7 Appendix A - Survey to Dalhousie FOD Alumni

Q1 - What year did you graduate from the Dalhousie Faculty of Dentistry?	2016 - 2020	2006 - 2016	1996 - 2006	Prior to 1996	
Q2 - What was your primary career after graduating from the Faculty of Dentistry	A general dentist	A dental hygienist	A specialist	In academia	Other (Specify)
Q3 - My Table Clinics project was a topic that was of interest to me. Q4 - If I had to do it over again I would still choose the same topic. Q5 - The learning and/or skills I gained from doing my Table Clinics project was beneficial.	SA	A	NAD	D	SD
The in-depth knowledge gained about my Table Clinics topic has benefited me:					
Q6 - As a student. Q7 - As a clinician. Q8 - In Academia. Q9 - In other areas of my career or life. (Please specify)	SA	A	NAD	D	SD
Learning about the research process (i.e. how to conduct research) required for my Table Clinics project has benefited me:					
Q10 - As a student. Q11 - As a clinician. Q12 - In Academia. Q13 - In other areas of my career or life. (Please specify) Q14 - I have taken formal classes on evidence-based dentistry while in dental school. Q15 - I have taken formal classes on evidence-based dentistry as part of continuing education. Q16 - Understanding evidence-based dentistry principles benefit me in responding to clinical questions. Q17 - Scholarship skills (i.e. learning the research process, searching, analyzing papers, etc.) should be included as part of dental education.	SA	A	NAD	D	SD
Q18 - Is there anything memorable about your Table Clinics project that you would like to share?					FR
Q19 - The Faculty of Dentistry is in the process of re-branding and enhancing curriculum related to Scholarship Across the Curriculum/Table Clinics. Do you have any suggestions for making this a stronger and more valuable program?					FR

Table 1: Survey posted on Facebook and sent to all DDS and DH alumni. SA - Strongly Agree, A - Agree, NAD - Neither Agree nor Disagree, D - Disagree, S - Strongly Disagree, FR - Free Response

8 Appendix B - Question 9 Free Response

Question 9: The in-depth knowledge gained about my Table Clinics topic has benefited me - In Other Areas of My life [Free Response]

Advice for others based on my research
Communication in a professional setting.
Gaining confidence in doing presentations.
I still like and use science in dealing with institutionalized denial and neglect in medicine in relationship to Lyme and tick-borne diseases. The evidence they present is mostly based on their own expert opinion. Dalhousie can be similar and authority based teaching things that are safe in anybody's hands but are already 10 years out of date. i.e. 'It must be right or they wouldn't have taught us that.'
In addition to the research to allow me to present my table clinic, it was an exercise in speaking to those who might give me an audience. This is/was a direct benefit to how I speak to patients even today, but further, an education of any sort allows to be a more effective communicator.
It was good practice for public speaking.
Looking more deeply into the evidence behind a topic.
My main practice focus was medically compromised patients and dental oncology and so researching/ presenting table clinics was an excellent experience.
my table clinic had to do with anxiety and dentistry. as a result of this interest, i feel i am very connected to the anxious patient, and am able to address this in an understanding manner
My Table Clinic was on hand hygiene, and the use of alcohol-based hand sanitizers. It was a great topic at the time, and continues to be of importance (especially during this pandemic!)
My topic was dental implants and this was new and innovative to me as a student in the 80's. Implants are more common treatment now. Given the chance to do a table clinic today, I might be inclined to assess the prevalence of this option for treatment today vs. 30 years ago.
Personal growth and well-being
Speaking in front of colleagues

Table 2: Question 9 - Free Response

9 Appendix C - Question 13 Free Response

Question 13: Learning about the research process (i.e. how to conduct research) required for my Table Clinics project has benefited me [Free Response]

Conducting evidence based research in all aspects of life is a vital skill
Better able to critique research design & findings
Knowing how to do proper research is certainly beneficial in private practice. Table Clinics allowed me to use the tools I had learned from evidence-based dentistry.
Always striving for the best practice and life long learning with periods for graduate study in community health and a MPH in 2010.
Provided a starting point for evaluating evidence critically

Table 3: Question 13 - Free Response

10 Appendix D - Question 18 Free Response

Question 18: Is there anything memorable about your Table Clinics project that you would like to share? [Free Response]

Ahh, a trip down memory lane. Back before cell phones, before internet, before computers...my topic was I looked up leads I found at the library, followed up with phone calls (no texting back then, either), met some fantastic folks over the phone and got enough info to feel comfortable discussing dental health care availability This was a topic of interest for me as I had spent the summer before with a Dal Dentistry grad and his family, assisting at the clinic and hospital and learning skills that I still use today. led me to my present (and only) job placement. Now, years later you've reminded me why I am where I am and why I do what I do. Long live Table Clinics !
Although my topic was not of help to me in my future it was the other table clinic topics that were. Some students put together great topics i remember to this day ten years later
Despite being stressful, it was a fun Project. Working with an advisor was memorable.
Excellent experience, gives every student a chance to experience academic side of dentistry and it's importance
Exciting night. Lots of fun.
Good to practice the research skills, and the presenting skills. Important as a practicing clinician to be comfortable with both of those skills.
Great experience, enjoyed being 'forced' to present, took me out of my comfort zone and now I enjoy it.
Great opportunity to connect with other dental professionals from all walks of life. Career opportunities could arise too
I believe it is fundamental to learn how to understand current and past research as a dental professional. I found that table clinics helped me learn this skill.
I graduated many years ago before the WWW existed. In those times, table clinic presentations (not yet termed SAC) were a hoop to be jumped through in the curriculum.
I had a hard time choosing a topic at the time so I would have chosen something different. It's good to learn how to present, too.
I had
I misspelled a word on information sheet and did not notice until too late...that was not fun! So there I was...embarrassed but a real learning experience...mentor did not notice either! *The lack of interest by my mentor; including no suggestions whatsoever. I must admit that when I graduated from Dental School in late '60(s) EBD was not even on the screen...if it were Ante's Law would not be a law at all and would be non-existent in a matter of hours.....not lasting about 90 years
I REALLY did not want to win and possibly have to present again at a National level. I remember the stress of advancing to the next rounds!
I really enjoyed my research experience with the summer research program and I was very excited to present my results at table clinic. I got a ton of great feedback from my research mentors throughout the process and I am really proud to have had these opportunities while I was in dental school.
I thought my topic was implants until the Table Clinics research questions and I recalled we did some presentation on I was extremely nervous presenting!
i was/am not comfortable at public speaking. it gave me a chance to try to get beyond that on a topic that i had researched and could answer questions about
I worked with an Oral Surgeon and won the table clinic that year.
It simply was one of many experiences at Dal that allowed me to speak with confidence and authority. It also helped shape my attitude that I am also being reasonable if I say to someone, ' I don't know.'
It was incredibly stressful leading up to the day of presentation.
It was one more hoop I jumped through to graduate
My supervisor played a big role . It was a good experience preparing a poster and having to give a speech.
no I chose a 'dull' topic. Now days there is more help choosing topics, so you can feel more engaged in the process

That happened over half a century ago so it's very hard to remember. But I do remember that my roommate won first prize for his table clinic.
The event itself is a wonderful night to bond with colleagues and network with alumni.
The experience, presentations and skills you get are life long beneficial as general dentist and in life.
There seemed to be a lot of interest in my project. I had the honour of placing 1st, and then going to present at the CDA convention .
Too much stress added into an already stressful environment. I already had a strong background in research from my Honours Biology program at SMU. This felt like a poor representation of what focused research should be.

Table 4: Question 18 - Free response

11 Appendix E - Question 19 Free Response

Question 19: The Faculty of Dentistry is in the process of re-branding and enhancing curriculum related to Scholarship Across the Curriculum/Table Clinics. Do you have any suggestions for making this a stronger and more valuable program? [Free Response]

Why change a tradition? Sure its old and musty, dark and dusty. But so are the things in the dental museum. Things like 76S forceps, X-Ray tubes, white lab coats, little bottles of eugenol, dentures, and left over gold sprue pins. The public sees us as dentists, and we are keepers of a tradition. That tradition takes us to work in a very personal part of the body, for many its in a place of immense feelings (gag reflexes, claustrophobia, sensitivities to tastes and odours, metal-to-metal aversions, and sometimes existing and chronic pain accompanied by sleep deprivation, to name but a few). Sometimes maintaining a tradition keeps us grounded to our predecessors, makes us learn and thereby recall why we do what we do, where the profession is now, and how it got here. Back in the day we sometimes heard the joking remark, 'Hey Dental Student...we just had our lecture on teeth. It was an hour long! How come it takes you guys 4 years to become dentists???' Seeing the masterful work, the knowledge gained from doing these table clinics, the pride taken and the confidence built makes it a tradition worth keeping. Not 'rebranding'.
Students should be completely aware of Scientific Method and read as much literature as possible on this topic; including recognizing that the method is essentially a philosophy but must say a good one. Philosophers occasionally try upset scientists but they should probably be ignored. One famous Philosopher stated: 'I only was able to maintain my interest in Philosophy by avoiding Philosophers' Students should be highly adept at picking out non-scientific non-evidence based material. Now here is a good idea, try this: During your formal EBD Course...the first lecture could be given by a flamboyant member of faculty who knows exactly how circuit speakers behave and give a lecture riddled with dogma and scientific suboptimal material. Let students sit quietly and at end: Offer a brief quiz!
Allow two months to gather data work with non-DMD graduates lab personnel auxiliary personnel multi factorial other Faculty's sub specialties
Ensuring each student actually does some research for their project.

<p>Get rid of the 1st prize, 2nd prize, 3rd etc. Obviously the top ranked researcher who will move on to present at the CDA should be recognized but everyone is under a lot of pressure and proud of their project. The rankings just suck. The current judging is appropriate for scientific research based projects but for the vast majority of students who conduct reviews or have a novel and not commonly researched idea the current methodology is arduous and makes it very difficult to defend your work even if you put in a lot of effort. Finding other ways to recognize subjects or clever projects would be better. I wish I could have seen more of the presentations from my class during the event. Unfortunately there was not time. Lastly, I think for the students benefit they should be encouraged to just find something that interests them. No pressure to make it clinically relevant or to conduct research. I did research and I ended up enjoying what I presented on but a lot of students try to take an easy way out and try to ask faculty for a topic. DON'T LET THEM! Make them think about something that gets them excited even if it's taking a vacation (who doesn't like that!?) have them find out 'where dentists travel' How do dentists get the most benefits and relaxation from limited leave? What do they do with their practices? How about Ice Cream: Whats the preferred flavor of licensed practitioners? Does it vary by specialty? Point is they should ask a question and feel responsible for it. If they end up presenting someone else's idea or work they act like a stick in the mud for all 3 years of SAC and that sucks for everyone involved.</p>
<p>I feel that I did not have enough experience or knowledge to pick a topic appropriately for table clinics. I feel that now as a clinician, there are many topics that I would like to research and explore. As a student I didn't even know what they were or where to begin. I think it would be more beneficial to students if faculty advisors could pick projects for the students and then allow students to work on them. There should be more faculty input rather than telling students to randomly pick a topic, find an advisor and research.</p>
<p>i think a lot of topics have been covered and recovered..people are interested in the NOW ..Not everyone enjoys research thus the reason they excel at clinical skills...i personally do not think too much time should be spent on research skills but rather on the process.</p>
<p>I think all students should be involved and lean more about research and the academic side of dentistry</p>
<p>I think it is ran very well. The only feedback I would give is that when writing the final research paper, more guidance should be given to the student.</p>
<p>I think learning about evidence based dentistry and then applying scholarship skills is important. However, the scholarship across the curriculum program at dal felt like a lot on top of classes and clinic (ie was very stressful to complete while studying for 8 classes and attending clinic). All of my friends felt immense pressure leading up to the day of the presentation. I think a lot of students in my class felt like it was something they just had to complete as fast as possible in order to be able to focus on classes and clinic (like it was hindering to the time they needed to spend on studying). I'm not sure what the solution is to alleviating the stress surrounding SAC but also having students learn about evidence based dentistry....maybe completing the presentation in second year would allow for more time to focus on clinic in third year? I also think there should have been more formal classes about evidence based dentistry prior to starting the project so that we had more tools and a clearer understanding of what was expected.</p>
<p>I think the concept is a very sound one. It certainly should continue.</p>
<p>I watched them online this year and I really enjoyed that from both dental and hygiene students. I would love to keep getting this online since I don't live in NS. The topics were very relatable to every day dentistry.</p>
<p>it can be hard to pick it a topic maybe some more help in that area</p>
<p>It would be great if the program had a two-liner summarizing the project, because sometimes the title alone doesn't do enough to explain, and it can be difficult to ensure at presentation night, with limited time and lots of distraction, to make sure you're getting to the topics of interest to you. As a faithful attendee, I always fail to get to as many projects as I'd like to, and knowing a little more about each one so I can make more of an effort to reach ones of interest would be appreciated! :)</p>
<p>Lean towards newer research instead of presenting procedures or products that have been clinically proven and routinely used.</p>
<p>Making sure faculty and students are connected according to their interests. I thought having scholarly interaction with Dental staff was such a great experience!</p>
<p>Making them available virtually for those who live outside of HRM with a CE component.</p>

Only research-based/tenured faculty members should supervise research projects unless ALL supervisors are required to take an EBD/RIOH course. Supervising a RIOH project should be negotiated into a faculty member's workload.
Perhaps learning how to sift through internet/social media 'garbage', which often attracts patients and the general public
Recommend starting earlier that way enough time for people to possibly publish their results
Science is a way of knowing, a methodology -not a belief system. The term evidenced based can be misused to show things that aren't possible scientifically have evidence. There are different levels of evidence. I was using phosphoric acid etch 5 years before it was allowed at Dalhousie because everyone at Dal knew you kill the pulp. Please teach that evidenced based has its well known limitations and shouldn't be used as a weapon. Not every dentist will have a lab around the corner. Please teach some basic work like how to repair a denture, replace a tooth etc. Patients expect this basic level of service.
Teach students to think and look outside the box. Be brave, have more openness to differences of approaches and opinions. Not a one size fits all world.
That happened over half a century ago so it's very hard to remember. But I do remember that my roommate won first prize for his table clinic.
things are moving in the right direction
Truly, I think that students may learn and benefit from working together or individually in learning the processes involved in undertaking a research project. I think a mock project in obtaining IRB approval for proposed research may be more valuable than a table clinic presentation.
Try and improve the mentor relationship, have more clinicians representing the students to enhance variety of topics Give the students guidance on appropriate current timely topics of interest.
Understanding evidence and the pitfalls is critical for professional health practice. However, so is inter-professional communication. Health faculties everywhere have mandated collaborative health practice in their curriculum. Maybe consider doing capstone research and/or case studies with other health professional students for Table Clinics... not just DDS and RDH, but 3 or more health professions interacting together on a research project or case study.

Table 5: Question 19 - Free Response